



presentations under the category of Self-Learning and the activity of Teaching/Presenting. Each hour of time spent on the presentation is worth one non-certified credit.

SPEAKER ACTION ITEMS (please check each item and return forms to cme.events@usask.ca)

Disclosure of Conflict of Interest (COI): As per our Accreditation Standards, we must renew the speaker COI after two years. Please fill, sign, and return a COI form (below).

Compensation: As you have been a previous speaker with us, we will compensate you as we have in the past. Please contact us if your address, banking information or USask employment has changed.

SPEAKER COMMITMENT

I, Andrew Yang, accept the following agreement from the division of Continuing Medical Education (CME) to speak at the AIMS-SK conference taking place April 18 – 20, 2024

Signature: [Signature] Date: 20/01/2024

**Please keep a copy of this agreement for your records.*

CME COMMITMENT

Signature: Tammy Glynn

Date: February 20, 2024

Tammy Glynn
Program Coordinator
Continuing Medical Education, College of Medicine



Disclosure of Conflict of Interest Form – page 1

Part 1 – completed by Scientific Planning Committee, Speakers, Moderators, Facilitators and Authors.

I **do not** have an affiliation (financial or otherwise) with any for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

I **have/had** an affiliation (financial or otherwise) with a for-profit (pharmaceutical, medical device and/or communications firm) and/or not-for-profit organization(s).

Complete the sections below that apply to you now or during the past two (2) years up to and including the current year. Information includes relationships with for-profit and not-for-profit organizations.

| | Planning Committee, Speakers, Moderators, Facilitators, Authors, Other | For-Profit or Not-for-Profit Organization(s) | Description of Relationship |
|---|---|--|-----------------------------|
| A | Any direct financial relationships including receipt of honoraria, gifts, in-kind compensation, etc. | SAA | Contract clinic work. |
| B | Membership on advisory boards or speakers' bureaus | | |
| C | Funded grants, research and/or clinical trials | | |
| D | Patents for drug(s) and/or device(s) referred to in the CME/CPD program | | |
| E | Any direct financial relationships that have funded this program | | |
| F | All other investments or relationships that could be seen by a reasonable, well-informed participant as having the potential to influence the content of the educational activity (pharmaceutical, medical device, communications firm) | | |

Part 2 – completed by Speakers, Moderators, Facilitators and Authors. Check Yes or No.

| | | | |
|--|--------------------------------------|--------------------------|---|
| I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e., off-label use of medications). | <input checked="" type="radio"/> Yes | <input type="radio"/> No | You must declare all off-label use to the audience during your presentation. |
| I acknowledge that the <u>National Standard</u> requires that any descriptions of therapeutic options use generic names (or both generic and trade names) and do not reflect exclusivity and branding. If no generic name exists, trade names must be used in a consistent manner. | <input checked="" type="radio"/> Yes | <input type="radio"/> No | Failure to do this is a violation of the National Standard and the RCPSC and CFPC requirements. |



Disclosure of Conflict of Interest Form – page 2

Part 3 - Identification

| | | |
|-----------------------|---|---|
| Check all that apply: | <input checked="" type="checkbox"/> Scientific Planning Committee | <input checked="" type="checkbox"/> Speaker |
| | <input checked="" type="checkbox"/> Moderator | Facilitator |
| | Author | Other: |

Acknowledgement

I, Andrew Yang, acknowledge that I have reviewed the declaration form's guidelines and instructions, and deem all of my information above accurate. I understand that the CME/CPD provider and the Scientific Planning Committee for this program/activity will review all disclosed financial (or otherwise) relationships and determine whether action is required to manage potential, perceived, or real COIs. I also understand that this information will be publicly available.

Signature: _____

Date: _____

Feb. 20, 2024.

Please return signed disclosure form (pages 1 & 2) to: cme.events@usask.ca

